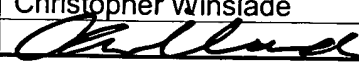


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PTO/SB/05 (08-00)

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.		14279US02	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor		Jeyhan Karaoguz	
		Title	Method And System For Personal Media Program Production In A Media Exchange Network		
		Express Mail Label No.		EV 304936974 US	
APPLICATION ELEMENTS		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Washington, DC 22313-1450			
See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO:			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix)			
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid sequence Submission (if applicable, all necessary)			
3. <input checked="" type="checkbox"/> Specification [Total Pages 33] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)			
-Descriptive title of the invention		b. Specification Sequence Listing on:			
-Cross Reference to Related Applications		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or			
-Statement Regarding Fed sponsored R&D		ii. <input type="checkbox"/> paper			
-Reference to sequence listing, a table, or a computer program listing appendix		c. <input type="checkbox"/> Statements verifying identity of above copies			
-Background of the Invention		ACCOMPANYING APPLICATION PARTS			
-Brief Description of the Drawings (if filed)		9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))			
-Detailed Description		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)			
-Claim(s)		11. <input type="checkbox"/> English Translation Document (if applicable)			
-Abstract of the Disclosure		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15]		13. <input type="checkbox"/> Preliminary Amendment			
5. Oath or Declaration [Total Pages 4]		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		17. <input type="checkbox"/> Other: <input type="text"/>			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:					
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:					
Prior application information: Examiner: Group/Art Unit:					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
18. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number		23446		or <input type="checkbox"/> Correspondence address below	
Name		Christopher Winslade			
Address		McAndrews, Held & Malloy			
City		500 West Madison, Suite 3400			
Country		USA	State	IL	Zip Code 60661
Telephone		(312) 775-8000	Fax	(312) 775-8100	
Name (Print/type)		Christopher Winslade	Registration No. (Attorney/Agent)		36,308
Signature				Date: 9/30/03	

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PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2003 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	Unassigned
		Filing Date	Herewith
		First Named Inventor	Jeyhan Karaoguz
		Examiner Name	Unassigned
		Group Art Unit	Unassigned
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	14279US02
(\$948.00)			

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES	
Deposit Account Number: 13-0017			
Deposit Account Name: McAndrews, Held & Malloy			
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
2. <input checked="" type="checkbox"/> Payment Enclosed:			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	740	2001	370
Utility filing Fee		Fee Paid	
1002	330	2002	165
Design filing Fee			
1003	510	2003	255
Plant filing fee			
1004	740	2004	370
Reissue filing fee			
1005	160	2005	80
Provisional filing fee			
SUBTOTAL (1) (\$750.00)			
2. EXTRA CLAIM FEES			
Total Claims 31 - 20** = 11 x 18.00 = 198.00			
Independent Claims 3 - 3** = 0 x 0 = 0			
Multiple Dependent			
Large Entity Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
Claims in excess of 20			
1201	84	2201	42
Independent claims in excess of 3			
1203	280	2203	140
Multiple dependent claim, if not paid			
1204	84	2204	42
**Reissue independent claims over original patent			
1205	18	2205	9
**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$198.00)			
**or number previously paid, if greater; For Reissues, see above			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Christopher Winslade	Registration No. (Attorney or Agent)	36,308	Telephone	(312) 775-8000		
Signature				Date	September 30, 2003		

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